



## ***Texas Department of Insurance***

### ***Division of Workers' Compensation***

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## ***MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION***

### ***GENERAL INFORMATION***

#### **Requestor Name and Address**

SUMMIT REHAB CENTERS  
2420 EAST RANDAL MILL ROAD  
ARLINGTON TEXAS 76011

DWC Claim #:

Injured Employee:

Date of Injury:

Employer Name:

Insurance Carrier #:

#### **Respondent Name**

TEXAS MUTUAL INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 54

#### **MFDR Tracking Number**

M4-06-7219-01

#### **MFDR Date Received**

July 24, 2006

### ***REQUESTOR'S POSITION SUMMARY***

**Requestor's Position Summary:** "DOS 1/4/06, 1/19/06, 2/21/06 through 3/8/06, 3/10/06, 3/13/06, 3/17/06, and 3/20/06: All therapy services were preauthorized (included in preauth letter). DOS 1/11/06 (99213), 1/12/06 (99213), 1/13/06 (99213), 1/20/06 (99213), 3/8/06 [sic] (99213), 3/10/06 (99213), 3/17/06 (99213), 3/20/06 (99213), 3/29/06 (99213): All office visits are well informed and documented here. DOS 1/5/06 (97530), 1/12/06 (97530), 1/13/06 \*97530: Therapy is not global to any other service form the same date. DOS 1/13/06 (97112): The provided [sic] followed fee guidelines to collect for therapy."

**Amount in Dispute:** \$1,995.31

### ***RESPONDENT'S POSITION SUMMARY***

**Respondent's Position Summary:** "DOS 1/04/2006 – 01/20/2006: 1. The pre-authorization approval given was for physical therapy three times a week for four weeks (twelve total visits) including one unit each of G0283, 97112 and 97140 and two units each of 97530 and 97110 per visit. The requestor billed 4 units of 97530 for dates of service 1/04/06 and 01/19/06 per session which exceeds the pre-authorization approval. Also, the requestor billed for two units of 97112 on 01/13/06, which exceeded the approved one unit of 97112 per session. Reimbursement was allowed in accordance with the mutual agreement, treatment protocols, and CMS LCD policy, therefore, Texas Mutual believes no reimbursement is due. DOS 02/21/2006 – 03/13/2006: 2. The pre-authorization approval give was for physical therapy services there times per week for three weeks (nine total visits) from 2/20/2006 – 3/14/2006 including one unit each of 97140, G0283, 97018 and four units of 97110 OR 97530 per visit. Reimbursement was allowed in accordance with the mutual agreement, treatment protocols, and CMS LCD policy, therefore, Texas Mutual believes no reimbursement is due. 3. It is the carrier's position that NO separate reimbursement is due for code 97530 billed with physical therapy code 97140 on 01/05/06, 01/12/06, 01/13/06, 01/21/06, 03/08/06, and 3/10/06 due to the National Correct Coding Initiative Mutually Exclusive Edits (CCI). The code denied was denied because it is a component of another code billed for the same date of service...DOS 3/17/2006 – 03/20/2006: 5. Texas Mutual has NO record of pre-authorization approval for physical therapy rendered for dates of service 3/17/2006 – 3/20/2006. The requestor did not include a copy of the pre-authorization approval given with its DWC-60. (Please see requestor's DWC-60 packet). Texas Mutual believes no payment is due for this date range. Code 99213: 6. The requestor billed 99213 in conjunction with physical medicine on 1/11/06, 1/13/06, 1/20/06, 2/21/06, 3/08/06, 3/10/06, 3/17/06, and 3/20/06...Documentation provided does not support the patient's condition requires a significant separately identifiable service...Code 96004: 6. ...Texas Mutual believes no reimbursement is due..."

**Response Submitted by:** Texas Mutual Insurance Company

## **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 4, 2006	97530	\$76.70	\$0.00
January 5, 2006	97530	\$74.28	\$0.00
January 11, 2006	99213	\$68.25	\$61.62
January 12, 2006	97530	\$74.28	\$0.00
January 12, 2006	99213	\$68.25	\$61.62
January 13, 2006	97530, 97112	\$112.66	\$0.00
January 13, 2006	99213	\$68.25	\$61.62
January 19, 2006	97530	\$76.70	\$0.00
January 20, 2006	99213	\$68.25	\$61.62
February 21, 2006	97530	\$148.56	\$0.00
February 21, 2006	99213	\$68.25	\$61.62
March 8, 2006	97530	\$145.36	\$0.00
March 8, 2006	99213	\$65.58	\$61.62
March 10, 2006	97530	\$145.36	\$0.00
March 10, 2006	99213	\$65.58	\$61.62
March 17, 2006	99213	\$65.58	\$61.62
March 17, 2006	97018, 97530, 97140, G0283	\$200.54	\$61.62
March 20, 2006	97140, 97018, 97530	\$186.35	\$0.00
March 20, 2006	99213	\$65.58	\$61.62
March 29, 2006	96004	\$150.95	\$0.00

## **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute resolution for which the dispute resolution request was filed on or after January 1, 2003.
- 28 Texas Administrative Code §134.202 sets out the fee guideline for professional medical services provided on or after September 1, 2002.
- Division rule at 28 TAC §134.1, effective May 16, 2002, requires that services not identified in a fee guideline shall be reimbursed at fair and reasonable rates.
- The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated February 6, 2006

- 42 – Charges exceed our fee schedule or maximum allowable amount
- 62 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
- 50 – These are non-covered services because this is not deemed a 'medical necessity' by the payer
- 57 – Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage, or this day's supply
- B15 – Payment adjusted because this procedure/service is not paid separately
- 244 – Unnecessary medical
- 864 – E/M services may be reported only if the patient's condition require a significant separately identifiable E/M service
- 790 – This charge was reduced in accordance to the Texas Medical Fee Guideline
- 930 – Pre-authorization required, reimbursement denied
- 434 – Per CCI edits, the value of this procedure is included in the value of the mutually exclusive procedure

Explanation of benefits dated February 16, 2006

- 57 – Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage, or this day's supply
- 864 – E/M services may be reported only if the patient's condition require a significant separately identifiable E/M service

Explanation of benefits dated March 21, 2006

- 62 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
- 930 – Pre-authorization required, reimbursement denied
- 57 – Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage, or this day's supply
- 864 – E/M services may be reported only if the patient's condition require a significant separately identifiable E/M service

Explanation of benefits dated April 3, 2006

- 62 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization
- 930 – Pre-authorization required, reimbursement denied
- 50 – These are non-covered services because this is not deemed a 'medical necessity' by the payer
- 244 – Unnecessary medical
- 858 – Physical medicine and rehabilitation services may not be reported in conjunction with an E/M code performed on the same day
- 57 – Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage, or this day's supply

Explanation of benefits dated April 13, 2006

- 57 – Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage, or this day's supply
- 858 – Physical medicine and rehabilitation services may not be reported in conjunction with an E/M code performed on the same day
- 62 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization
- 930 – Pre-authorization required, reimbursement denied
- 244 – Unnecessary medical
- 50 – These are non-covered services because this is not deemed a 'medical necessity' by the payer

Explanation of benefits dated April 21, 2006

- 57 – Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage, or this day's supply
- 858 – Physical medicine and rehabilitation services may not be reported in conjunction with an E/M code performed on the same day
- 62 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization
- 930 – Pre-authorization required, reimbursement denied

Explanation of benefits dated April 25, 2006

- 42 – Charges exceed our fee schedule or maximum allowable amount
- 244 – Unnecessary medical
- 50 – These are non-covered services because this is not deemed a 'medical necessity' by the payer
- 790 – This charge was reduced in accordance to the Texas Medical Fee Guideline
- 97 – Payment included in the allowance for another service/procedure
- 435 – Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure

## **Issues**

1. Did the requestor submit an updated table of disputed services?
2. Did the requestor obtain preauthorization for the disputed procedure codes?
3. Did the requestor bill for unbundled codes?
4. Did the requestor submit documentation to support the billing of disputed charges?
5. Is the requestor entitled to reimbursement?

## **Findings**

1. The requestor submitted an updated table on January 8, 2007, excluding the CPT codes the insurance carrier paid. The new disputed amount is \$1,995.31.
2. Per 28 Texas Administrative Code §134.600, amended to be effective March 14, 2004 “(p) Non-emergency health care requiring preauthorization includes: (5)physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels: (C)except for the first six visits of physical or occupational therapy following the evaluation when such treatment is rendered within the first two weeks immediately following: (i)the date of injury, or...”
  - The requestor submitted two copies of preauthorization letters issued by Oristech on January 3, 2006 and February 20, 2006.
  - Review of the preauthorization letter dated January 3, 2006, indicates that authorization was obtained for physical therapy three times per week for four weeks (twelve total visits) from 01/03/06 to 02/03/06 including one unit each of G0283, 97112 and 97140 and two units each of 97530 and 97110 per visit and twelve units of 97750 total of two. A mutually agreed change in the requested health care treatments and/or period of time for completion has been established. The disputed charges dated January 4, 2006, January 4, 2006, January 5, 2006, January 11, 2006, January 12, 2006, January 13, 2006, January 20, 2006, and January 19, 2006 were preauthorization and therefore eligible for review. The dates indicated dates of service will be reviewed according to the applicable fee guidelines.
  - Review of the preauthorization letter dated February 20, 2006, indicates that authorization was obtained for physical therapy services three times per week for three weeks (nine total visits) from 02-20-06 to 03-14-06 including one unit each of 97140, G0283, 97018 and four units of 97110 or 97530 per visit. A mutually agreed change in the requested health care treatments and/or period of time for completion has been established. The disputed charges dated February 21, 2006, March 8, 2006 and March 10, 2006 were preauthorized and therefore eligible for review. The indicated dates of service will be reviewed according to the applicable fee guidelines.
  - Dates of service March 17, 2006 and March 20, 2006 were denied/reduced by the insurance carrier with reason code “62 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.” Preauthorization is required and was not obtained. Therefore reimbursement cannot be recommended for CPT codes 97018, 97140 and 97530 for dates of service March 17, 2006 and March 20, 2006.
  - Date of service March 29, 2006 was denied/reduced by the insurance carrier with reason code “50 – These are non-covered services because this is not deemed a ‘medical necessity’ by the payer” and “244 – Unnecessary medical”. The requestor did not obtain preauthorization as required by Per 28 Texas Administrative Code §134.600. Reimbursement cannot be recommended for CPT code 96004.
3. Per 28 Texas Administrative Code §134.202 “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section.” CCI edits were run to determine if edit conflicts exist for each disputed date of service. The following CCI edits were identified; however the procedure codes listed below are not in dispute
  - Date of service: January 4, 2006; CPT code 97530 x 2 units. The following procedure codes were billed: 99082, 97110, 97530 and G0283. No CCI edit conflicts were identified. Disputed charge will be reviewed according to applicable fee guidelines.
  - Date of service January 5, 2006; CPT code 97530 x 2 units. The following procedure codes were billed: 99082, 99213, 97140, 97110, 97112, 97530 and G0283. CCI Edit - Procedure 97140 and component procedure 97530 are unbundled. The Standard Policy Statement reads "Mutually exclusive procedures". Reimbursement is therefore not recommended for CPT code 97530.
  - Date of service January 11, 2006; CPT code 99213. The following procedure codes were billed: 99213, 99082, 97110, 97112, and 97530. No CCI edit conflicts were identified. Disputed charge will be reviewed according to applicable fee guidelines.
  - Date of service January 12, 2006; CPT codes 97530 and 99213. The following procedure codes were billed: 99082, 99213, 97140, 97110, 97112, 97530 and G0283. CCI Edit - Procedure 97140 and component procedure 97530 are unbundled. The Standard Policy Statement reads "Mutually exclusive procedures". Reimbursement is therefore not recommended for CPT code 97530. The disputed CPT code 99213 will be reviewed according to applicable fee guidelines.
  - Date of service January 13, 2006; CPT codes 97112, 97530, and 99213. The following procedure codes were billed: 99082, 99213, 97140, 97110, 97112, 97530 and G0283. CCI Edit - Procedure 97140 and component procedure 97530 are unbundled. The Standard Policy Statement reads "Mutually exclusive procedures". Reimbursement is therefore not recommended for CPT code 97530. Disputed CPT codes 99213 and 97112 will be reviewed according to applicable fee guidelines.

- Date of service January 19, 2006; CPT code 97530. The following procedure codes were billed: 99213, 99082, 97110, 97112, 97530 and G0283. No CCI edit conflicts were identified. The disputed CPT code 97530 will be reviewed according to applicable fee guidelines.
  - Date of service January 20, 2006; CPT code 99213. The following procedure codes were billed: 99213, 97140, 97110, 97112, G0283 and 97530. No CCI edit conflicts were identified for CPT code 99213. The disputed CPT code 99213 will be reviewed according to applicable fee guidelines.
  - Date of service February 21, 2006; CPT codes 97530 and 99213. The following procedure codes were billed: 99213, 97140, 97530 and 97018. No CCI edits were identified for CPT code 99213. CPT code 99213 will be reviewed according to the applicable fee guidelines. CCI Edit - Procedure 97140 and component procedure 97530 are unbundled. The Standard Policy Statement reads "Mutually exclusive procedures". Reimbursement is therefore not recommended for CPT code 97530.
  - Date of service March 8, 2006; CPT codes 97530 and 99213. The following procedure codes were billed: 99213, 97140, G0283, 97530 and 97018. No CCI edit conflicts were identified for CPT code 99213. The disputed CPT code 99213 will be reviewed according to applicable fee guidelines. CCI Edit - Procedure 97140 and component procedure 97530 are unbundled. The Standard Policy Statement reads "Mutually exclusive procedures". Reimbursement is therefore not recommended for CPT code 97530.
  - Date of service March 10, 2006; CPT codes 97530 and 99213. The following procedure codes were billed: 99213, 97140, 97530, G0283 and 97018. No CCI edit conflicts were identified for CPT code 99213. The disputed CPT code 99213 will be reviewed according to applicable fee guidelines. CCI Edit - Procedure 97140 and component procedure 97530 are unbundled. The Standard Policy Statement reads "Mutually exclusive procedures". Reimbursement is therefore not recommended for CPT code 97530.
4. Per 28 Texas Administrative Code §134.202 "(c) To determine the maximum allowable reimbursements (MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: (1) for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by CMS multiplied by 125%... (2) for Healthcare Common Procedure Coding System (HCPCS) Level II codes A, E, J, K, and L: (A) 125% of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule...." Review of the submitted documentation finds that:
- Date of service: January 4, 2006; CPT code 97530 x 2 units. The requestor billed 4 units. The insurance carrier preauthorized two units. The insurance carrier paid the requestor two units of CPT code 97530 x 2 units. Therefore, reimbursement is not recommended for the additional two units.
  - Date of service January 11, 2006; CPT code 99213. The requestor documented the disputed charge and is therefore entitled to reimbursement. The Medicare fee schedule amount is \$49.30 x 125% = MAR \$61.62. This amount is recommended.
  - Date of service January 12, 2006; CPT code 99213. The requestor documented the disputed charge and is therefore entitled to reimbursement. The Medicare fee schedule amount is \$49.30 x 125% = MAR \$61.62. This amount is recommended.
  - Date of service January 13, 2006; CPT codes 97112, 99213. The requestor billed 2 units of CPT code 97112. The insurance carrier preauthorized one unit of CPT code 97112. The insurance carrier paid one unit of CPT code 97112. Therefore, reimbursement is not recommended for the additional unit of CPT code 97112. The requestor documented CPT code 99213 and is therefore entitled to reimbursement. The Medicare fee schedule amount is \$49.30 x 125% = MAR \$61.62. This amount is recommended.
  - Date of service January 13, 2006; CPT codes 99213. The requestor documented the disputed charges and is therefore entitled to reimbursement for CPT code 99213. The Medicare fee schedule amount for CPT 99213 is \$49.30 x 125% = MAR \$61.62. This amount is recommended.
  - Date of service January 19, 2006; CPT code 97530 x 2 units. The requestor billed 4 units. The insurance carrier preauthorized two units. The insurance carrier paid the requestor two units of CPT code 97530 x 2 units. Therefore, reimbursement is not recommended for the additional two units.
  - Date of service January 20, 2006; CPT code 99213. The requestor documented the disputed charge and is therefore entitled to reimbursement. The Medicare fee schedule amount is \$49.30 x 125% = MAR \$61.62. This amount is recommended.
  - Date of service February 21, 2006; CPT code 99213. The requestor documented the disputed charge and is therefore entitled to reimbursement. The Medicare fee schedule amount is \$49.30 x 125% = MAR \$61.62. This amount is recommended.
  - Date of service March 8, 2006; CPT code 99213. The requestor documented the disputed charge and is therefore entitled to reimbursement. The Medicare fee schedule amount is \$49.30 x 125% = MAR \$61.62. This amount is recommended.

- Date of service March 10, 2006; CPT code 99213. The requestor documented the disputed charge and is therefore entitled to reimbursement. The Medicare fee schedule amount is  $\$49.30 \times 125\% = \text{MAR } \$61.62$ . This amount is recommended.
- Dates of service March 17, 2006; CPT code 99213. The requestor documented the disputed charge and is therefore entitled to reimbursement. The Medicare fee schedule amount is  $\$49.30 \times 125\% = \text{MAR } \$61.62$ . This amount is recommended.
- Dates of service March 20, 2006, CPT code 99213. The requestor documented the disputed charge and is therefore entitled to reimbursement. The Medicare fee schedule amount is  $\$49.30 \times 125\% = \text{MAR } \$61.62$ . This amount is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$616.20.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$616.20 plus applicable accrued interest per 28 Texas Administrative Code use §134.803 for dates of service prior to 5/2/06, due within 30 days of receipt of this Order.

### **Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	April 10, 2013 Date
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### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**